

<b>DOD INDUSTRIAL PLANT EQUIPMENT REQUISITION</b>				REQUISITION NUMBER		<i>Form Approved OMB No. 0704-0246 Expires Jan 31, 2003</i>	
<p>The public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p style="text-align: center;"><b>PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO DEFENSE SUPPLY CENTER RICHMOND, ATTN: JH, 8000 JEFFERSON DAVIS HIGHWAY, RICHMOND, VA 28297-5100</b></p>							
<b>SECTION I - ITEM DESCRIPTION</b>							
1. COMMODITY CODE		2. MANUFACTURER			3. MODEL NUMBER		
4. STOCK NUMBER		5. POWER CODE	6. ESTIMATED COST	7. PHYSICAL INSPECTION REQUIRED (X one)		8. PROCUREMENT SPECIFICATION ATTACHED (X one)	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. DESCRIPTION							
CONTINUED UNDER REMARKS SECTION <input type="checkbox"/> YES <input type="checkbox"/> NO							
<b>SECTION II - ROUTING AGENCY/FACILITY/CONTRACTOR</b>							
10. NAME AND ADDRESS (Include ZIP Code)			11. CONTRACT NUMBER		12. DATE (YYYYMMDD)		13. COMMAND CODE
			14. PROGRAM (X one)				
			<input type="checkbox"/> MILITARY <input type="checkbox"/> CONTRACTOR				
15. INTENDED USE			16. DATE ITEM REQUIRED AT DESTINATION (YYYYMMDD)		17. DATE CERT. N/A REQUIRED (YYYYMMDD)		18. PRIORITY
19. BASIS FOR AUTHORIZATION (X one)			20. PROCUREMENT PLANNED (X one)				21. REBUILD/OVERHAUL CANDIDATE
<input type="checkbox"/> PRODUCTION <input type="checkbox"/> MOBILIZATION <input type="checkbox"/> REPLACEMENT			<input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," cite Appropriation)				<input type="checkbox"/> YES
22. TYPED NAME AND TITLE OF REQUESTING OFFICIAL			23. SIGNATURE OF REQUESTING OFFICIAL			24. DATE (YYYYMMDD)	
25. CERTIFICATION OF NEED BY ADMINISTERING ACTIVITY					a. ADMINISTERING OFFICE CODE		
b. NAME AND ADDRESS (Include ZIP Code)			c. TYPED NAME AND SIGNATURE OF PRODUCTION REPRESENTATIVE			d. DATE (YYYYMMDD)	
			e. SIGNATURE OF ADMIN. CONTRACTING OFFICER			f. DATE (YYYYMMDD)	
<b>SECTION III - APPROVAL AUTHORITY</b>							
26. NAME AND ADDRESS (Include ZIP Code)			27. TITLE, SYMBOL AND TELEPHONE NO. OF APPROVING OFFICIAL				
			28. TYPED NAME & SIGNATURE OF APPROVING OFFICIAL			29. DATE (YYYYMMDD)	
<b>SECTION IV - ALLOCATION AND AUTHORITY TO INSPECT (To be completed by DSCR)</b>							
30. COMMODITY CODE		31. I.D./GOVERNMENT TAG NUMBER		32. DESCRIPTION (See attached copy of DD Form 1342, dated)			
33. PRESENT LOCATION (Name, address and ZIP Code)				34. SHIPPED TO (Name, address and ZIP Code)			
35. ESTIMATED TIME REQUIRED FOR SHIPMENT FROM DATE OF ACCEPTANCE (Enter number of days)							
a. AS IS CONDITION		b. TEST REQUIRED	c. REPAIR REQUIRED	d. REPAIR/OVERHAUL REQUIRED		e. STANDARD ATTACHMENTS REQUIRED	
36. TYPED NAME AND SIGNATURE OF ALLOCATING OFFICIAL				37. DATE (YYYYMMDD)		38. DATE OFFER EXPIRES (YYYYMMDD)	
<b>SECTION V - NON-AVAILABILITY CERTIFICATE (To be completed by DSCR)</b>							
39. The item described in Section I of this form has been screened by DSCR against the idle inventory of the Department of Defense and it is hereby certified as not available or cannot be delivered on or before the date specified in Section II (Item 16). Procurement action resulting from this Certification of Non- Availability must be initiated within 45 calendar days of the date included in this Section (Item 42) or complete rescreening is required. Equipment offered by DSCR in Section IV must be considered if the supplier cannot deliver new equipment before expiration of the period specified in Section IV (Item 35).							
40. TYPED NAME AND SIGNATURE OF CERTIFYING OFFICIAL			41. DATE CERTIFICATE ISSUED (YYYYMMDD)		42. DATE CERTIFICATE EXPIRES (YYYYMMDD)		43. CERTIFICATE NUMBER

## SECTION VI - CERTIFICATE OF ACCEPTANCE

44. THE ITEM ALLOCATED IN SECTION IV OF THIS FORM *(X as applicable)*

a. HAS BEEN PHYSICALLY INSPECTED AND IS ACCEPTABLE	b. IS ACCEPTABLE WITHOUT PHYSICAL INSPECTION		
c. IS ACCEPTED UNDER ONE OF THESE CONDITIONS:			
(1) AS IS CONDITION	(2) REPAIR REQUIRED	(3) TEST REQUIRED	(4) REBUILD/OVERHAUL REQUIRED
(5) OTHER			
d. IS NOT ACCEPTABLE <i>(A complete description of conditions making item unacceptable must be stated under REMARKS below)</i>			
45. TYPED NAME AND TITLE OF CERTIFYING OFFICIAL		46. SIGNATURE OF CERTIFYING OFFICIAL	47. DATE (YYYYMMDD)

## SECTION VII - SPECIAL SHIPPING INSTRUCTIONS

48. SHIP TO <i>(Include ZIP Code)</i>	49. FOR TRANSSHIPMENT TO <i>(Include ZIP Code)</i>
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50. MARK FOR

51. APPROPRIATION CHARGEABLE FOR	d. PAYING OFFICE/ACTIVITY NAME AND ADDRESS <i>(Include ZIP Code)</i>
a. PACKING/CRATING/HANDLING	
b. TRANSPORTATION	
c. OTHER	

52. SPECIAL DISTRIBUTION OF SHIPPING DOCUMENTS AND OTHER INSTRUCTIONS

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## SECTION VIII - REMARKS

53. REMARKS

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